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ABSTRACT

Three papers discuss aspects of The Ima Hogg Therapeutic School for emotionally disturbed children. The first paper addresses the school's behavior development and management system, which rewards self management with freedom in physical activity and uses individualized target behaviors designed to increase the child's acceptable social functioning and to extinguish antisocial behaviors. In the second paper, the school's psychotherapy program (individual and family-oriented) is described, with special emphasis on play therapy. A case study is provided to illustrate the therapeutic process. The final paper presents an overall view and analysis of the school's future plans. Among aspects considered are criteria for admission, staff roles, team coordination, treatment plan review, and services to other school districts. (CL)

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PANEL PRESENTATION

The Ima Hogg Therapeutic School Individualized Education, Behavioral Management in the Classroom and Psychotherapy for the Emotionally Disturbed and Behaviorally Disordered Child

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Behavior Development and Management System of the Ima Hogg Therapeutic School

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BEHAVIOR DEVELOPMENT AND MANAGEMENT SYSTEM

OF THE IMA HOGG THERAPEUTIC SCHOOL

The behavior management system is a marriage of behaviorism and psychodynamic approaches. The teachers interpret the behavior and they modify (shape) it; they attempt to change the observed behavior and to understand, to reflect and verbalize in order to help the child gain insight into his behavior.

The teacher deals with the present-with observable behavior--but the difference in Ima Hogg School is--if the teacher has information and can relate the present behavior historical or to internal issues then the teacher can also deal more sensitively with the present. Our population is almost entirely Behavior disorded. Many are diagnosed as Borderline; they have psychotic episodes.

Behavior Management in the school started some six years ago. Prior to that time the staff spent most of each school day dealing with children in crisis. A local psychologist was hired to help the staff set up a school-wide system based on the principles of behavior modification. The teachers and the psychologist developed a special language and a structure to achieve more control in the classroom so more time could be devoted to education. The management system has been revised freely and frequently. The changes tend to lean away from behavior modification toward other ways of intervening and or interpreting the child's behavior. (Environmental Intervention)

The System is designed to yield both long term and short term reinforcement. Every child is given a tally sheet each morning. The tally is marked each ten minutes of the school day. The points for the morning's work are exchanged for priviledges; (e.g. to eat in a lunch room with music, and have first choice of physical education activities).

The more self management a child demonstrates during the morning class time, the more freedom he has in physical activity. The less self management shown in the morning class time, the more restricted his physical activity choice becomes. If a child has not managed his behavior a significant portion of the morning then his earned activity time is restricted to inside, and in extreme cases his choice may be sitting in a chair to draw, etc. He still receives social reinforcement for successful management of that activity.

The points for the school day also earn the child a snack or money. The snacks are natural juices or nutritioned foods. Those children who earned only part of their points are served just juice or given a smaller amount of money. The children have the option of taking money in lieu of snacks. For some of the children money is a big motivator. The money is then written on their tally to be added to their shopping balance.

The Behavior Management System is individualized for each child through the use of stated target behaviors. Usually the staff selects three behaviors for the child to manage. These behaviors are listed at the bottom of his tally sheet. The behaviors are explained to the child and pointed out to him when he engages in the behaviors. The next time one of the behaviors is seen, the teacher uses specific language to let the child know he is not managing that target behavior, i.e. "you have a verbal warning." The teacher also makes a record of the verbal warning by the target behavior on the tally. If the child engages in the target behavior again the same day the teacher tells him he has blown target behavior. The child is always the behaver, i.e., he is the one who blows his target, not the teacner.

A verbal warning is a reminder to the child and does not result in a loss of priviledges. However, a blown target limits the child to inside choices during the activity time, and the blown target cannot earn the usual money.

Target behaviors are designed to increase the child's acceptable social functioning and to extinguish the antisocial behaviors. The child is reinforced for controlling those behaviors which may be disruptive to the class. The child experiences the consequences of his own impulsive behavior, and in time develops more self control. The teacher writes down the incident, along with the time it occurred. Later that day when activity choices are made, the consequences are experienced. The teacher may have the opportunity to say something to help the child begin to internalize some control (e.g. "you may be disappointed you blew your target today but you have another chance to manage and maybe earn to play outside tomorrow.") The teacher dealing with the child at activity time may or may not be the teacher who was with the child when the target behavior was blown. The staff meets together at the end of each day and reviews such significant happenings. Often a method of intervention is agreed upon so that all the teachers will give the same message to the child about a particular target behavior. Sometimes a more effective strategy is developed or a more sensitive intervention is planned.

Target behaviors provide a curriculum for educating the child about his behavior and how it affects others. One of the most frequently used target behaviors is called "trap setting." This is a phrase which covers subtle as well as overt behaviors. Trap setting occurs anytime one child does or says something which provokes a reaction from another person (s). The reaction is frequently disturbing to the class. The teacher can usually identify for the child a new behavior as being a trap. The teacher can explain the dynamics to the child. The child may thus gain insight and stop the behaivor. If he engages in the same behavior thereafter, he receives a verbal warning.

It requires several days for a child to become aware of the consistency of the management system. He sometimes looks surprised when he engages in one of his target behaviors and receives a verbal warning--he looks surprised but does not argue. It seems like he is saying, "I forgot that at this school there are real consequences for not managing my behavior."

There are also real consequences for managing. Every ten minutes the child can earn a point for being on task and for exhibiting nondisruptive behavior. He experiences positive reinforcement for using more self control and in time the child's concept of himself as a person who has self control will be enhanced.

In order to differentiate between those students who are approximating regular classroom behaviors, there are four kinds of points which can be earned. When a student is on task 5 minutes of the ten minute point period he earns a phase one point. For a phase two point he must be on task 7 minutes; and a phase three is 9 minutes out of ten. A phase four point is earned by being on task ten minutes out of ten.

A child begins in phase one and must have five consecutive practice days of phase tow points to move up to phase two. A child can earn the phase points for the phase he is in or can earn on phase above, or any phase below. The practice days must all have 80% of the above phase points. Each day the child's tally shows how many above phase practice days he has.

There are certain advantages of being in a higher phase. The child in phase two earns two cents per target for managing his behavior each day. A phase four child earns four cents each target. The money is recorded on his tally sheet and added to his account. About once every six weeks those children in phase two or above are taken off campus to purchase toys, records or school supplies, etc. Some of the children spend every penney in their account, while others prefer the security of knowing they have the money. One child has fifteen dollars in his account. On shopping day the phase two, three and four children all have packages to take home. It is apparent that this is the first time some of the children have ever purchased things with their own money. During the year the children become seasoned consumers. Some even want to save up their money to buy a big toy next trip. Most of the children seem to realize the money is something they earned, and not something provided by the school.

CHildren in phase two, three, and four are also eligible for weekly field trips. The teachers emphasize to the children that the field trip is an opportunity to practice group behavior in a public setting. We have gone ice skating at the Galleria and to see Santa Claus at Foleys downtown, as well as many trips to Hermann Park, the Zoo, and the Museum of Natural Science. All of our transportation has been on the Houston City transit system. In warm weather we walk about six blocks to a city park playground and tennis courts. One Bowling Alley also gives us free bowling twice a year. Sometimes we stay on campus for field trips and show movies with popcorn. The Camelot Comic Book Store is a favorite field trip.

All of the field trips are announced in advance so children can work their way into phase two. The children who do not get to participate in the field trip remain with a teacher and do routine schoolwork.

The school's behavior management system is predominantly geared to positive reinforcement. However, it also has an effective way of dealing with children who are acting out or are out of control.

When a verbal warning and a blown target do not help the child manage his behavior a five minute quiet chair results.

A timer is set as soon as the child is ready. A quiet chair gives the child and teacher some space to rethink their situation. A quiet chair is marked as a zero on the child's tally and is a period of no chance for reinforcement.

If a child cannot start his quiet chair he is told to move into a quiet room for five minutes. The child, by being removed from the group, may be able to control himself and re-enter the group in five minutes.

If all of the above interventions have been used or when a child becomes destructive to himself or others, he is placed in a quiet room, and the door is closed. A timer is set for five minutes of quiet. This period is a no chance for reinforcement time, so a zero is recorded on the tally. Two trips to quiet room within a five-school day period results in the student dropping to a lower phase in the management system.

There are always situations which are not manageable by the management system. However, the system at least provides clarification of the limits for the teacher as well as for the children. The child is given a system on which he can depend. He can set goals for himself to earn a certain phase. The child is also given continuous feedback about his progress or lack of progress. The child becomes more autonomous and self determining about his school behavior. Somewhere the child also says, no matter how out of control I become at school the worst thing the teacher will do is put me in that quiet room for 5 minutes. There is no spanking or lectures or threats.

The management system also relieves the teacher of having to repeatedly ask for a certain behavior. Thus the teacher has more energy with which to make other interventions and interpretations.

The management system gives the child the maximum number of options and facilitates compliance, with the least amount of disruption, so that a therapeutic learning environment can exist. Hopefully the child will come to think of himself as a person who has self control.

by MARVIN HINES

The Psychotherapeutic Program

of the Ima Hogg Therapeutic School

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THE PSYCHOTHERAPEUTIC PROGRAM OF THE IMA HOGG THERAPEUTIC SCHOOL

MOJIE BURGOYNE

The psychotherapy program of the Ima Hogg Therapeutic School is coordinated by Betty Smith, a social worker, who is unable to be here today. It is through her expertise in organization that a 15 multidisciplined group of therapists provide individual and family therapy. The psychotherapists consist of psychiatrist, psychology interns, psychiatric nurse, psychiatric residents, psychiatric nurse student, and graduate social work students who assess, diagnose and treat using an ego-psychology, psychoanalytic framework. Each child is seen twice a week during the school day in individual play therapy sessions. The families are required to attend weekly sessions with different family therapy models being utilized depending on the style of the therapist. The other forms of therapy which have been valuable this year are 1) a girls group which meets twice a week and is facilitated by a psychiatric nurse, 2) classroom meeting groups which are a blending of the behavior modification and psychotherapeutic approaches and facilitated by the co-therapists--the classroom teacher, teacher's aide and a psychotherapist. Occasionally the psychotherapists are used to assist in crisis in the classroom. Of the twenty-one children now in the program--eleven come from single parent families--with the head of household being a woman, four of the children live with either foster parents or relatives--such as grandparents, two children live in intact families with the mother being a stepmother, and four children live in their families of origin.

Since time is limited, this portion of the program will deal with an explanation of what is play therapy and how it is useful in an educationally designed program for emotional disturbed children.

Although psychotherapy with children has a history beginning with Freud, the use of play therapy per se was developed in the late 1940's as a method to provide the child with an opportunity to "play out" his fears, hatreds, loneliness and feelings of failure and inadequacy. This is based upon the fact that play is

the child's natural medium of self-expression. Children, particularly the emotinal disturbed child, have difficulty in verbalizing and conceptualizing what exactly is occurring within their minds and bodies. Play allows them the freedom to act out their feelings in a form which provides the child with the ability to deal with his experiences by creating model situations and to master reality by experimenting and planning. Erikson (1950) stated that to play it out is the most natural self-healing measure childhood affords.

The psychotherapists whowork with the children need to exhibit a set of attitudes which allows the children to feel free to express themselves completely. Through those attitudes the child is able to achieve feelings of security, adequacy and worthiness through emotional insight.

Axline defines eight basic principles for the development of the therapeutic relationship. The therapist needs to 1) develop a warm, friendly relationship, 2) accept the child as he is, 3) establish feelings of permissiveness, 4) recognize and reflect the feelings so that the child gains insight into his behavior, 5) respect the child's ability to solve his own problems, 6) not direct his actions or conversation, 7) not hurry the therapy, and 8) establish limitations that are necessary to keep therapy in the real world and to assist the child to become aware of his responsibility in the relationship.

The therapeutic process begins with the child's emotions being diffused, undifferentiated and generally negative. The children appear to have lost contact with the people and the situations that originally stimulated the frustration, anger, fear and guilt. The emotions are not tied to reality but are magnified, generalized and easily stimulated and evoked. The children many times are afraid of almost everything and everybody and feel like destroying all people and things or they may wish to be left alone or wish to regress to a simpler, less demanding level of behavior. As the trust relationship between the therapist and the child develops, the child's anger, anxiety and fears will be expressed more directly

and specifically. Since the child's emotional problems and the resulting behavioral symptoms are reflected by his anxieties, anger and fears, as these attitudes begin to change so do the emotional problems and the behavioral symptoms begin to disappear.

SUMMARY OF CHILD

Mark Riley, age seven, was referred to psychotherapy because it had been observed by the public school and his mother that he was experiencing continued social and emotional developmental delays, withdrawn and destructive behaviors and poor communication. Mark Riley does not engage in spontaneous conversation and might be considered an elective mute. He has had difficulty breaking the symbiotic tie with his mother or it may have never been established since she was emotionallyunavailable to him during his first year of life. He, also, appears to be in a power struggle with his mother who rigidly controls Mark's behavior with unrealistic and high expectations. Mark's method of achieving autonomy from her is to withdraw into silence. The mother appears to be an extrovert.

THERAPEUTIC PROCESS

The therapy room has been supplied with a variety of toys to encourage the exploration by Mark Riley of his unconscious feelings. The therapy room used with Mark Riley has a large variety of toys. The basic toys are a doll house, family dolls or puppets, a gun, toy soldiers, dinasaurs, paper, colors, scissors and other basic office supplies. No direction is given to Mark Riley concerning what he may or may not use. Every session he choses the type of toy with which to play. This generally has been the dinasaurs, the gun and tape. Mark Riley's themes in play therapy are death or separation anxiety, parental and family conflict, withdrawal and the control or lack of control he has in his life. Mark Riley has been allowed to regress with the use of a baby bottle but interpretation is used carefully since Mark Riley is in a power struggle with his mother and the

therapist is a female. Mark Riley, is very cautious in building trust and the therapist is careful that she understands his unique meanings before making an interpretation to avoid the disruption of the therapeutic relationship.

Mark Riley was brought to the first diagnostic session by his mother; thereafter he has been seen at school during the school day. He knew that his mother was waiting for him and where she was waiting and entered the playroom willingly. He was silent during most of the session but played with puppets after being told he could choose any toy he wished. He broke the silence only to test the limitations of the playroom. He asked to go outside to the playground and accepted this limitation as reality only after asking several times and after receiving reflective feedback that recognized his feelings. This method of reflection is used often during therapy and Mark Riley is beginning to gain insight into his feelings and behavior. Mark Riley was able to begin using affective words after approximately a month. Withdrawal or silence became Mark's first theme in therapy. This has been handled by the therapist not intruding upon the silence and providing him with the permission to work at his own pace. All of Axline's basic principles have been followed to establish an atmosphere of acceptance and to transmit the feeling of respect for Mark's ability to solve his own problems. In fact, when the therapist has been intrusive, this only sets back the progress of the therapy by causing Mark to become defensive and withdraw from the relationship. The fact that Mark asked during the initial session concerning when he would start school reinforces the theory that Mark does have the ability to be self-directive. Mark will quietly participate in an intriguing play pattern to encourage the therapist's intrusiveness. Since this is seen as Mark's unconscious need to gain approval or negative attention from a maternal figure, this transference is discouraged by the therapist becoming aware of the need and not responding. Later in therapy the

transference was handled in the same manner as other issues. Mark's progress in this area is seen because he invites the therapist verbally into interaction with him. Mark Riley's has been dependently tied to his mother and has attempted to form a similar relationship with the therapist. Improvement is seen by Mark's ability to be separated from the therapist during the time he goes alone to the classroom or therapy room. During the first few months of therapy, it would be necessary for the therapist to go these places with Mark.

Mark Riley, also, brought the theme of parental or family conflict to the very first session. He used puppets (male and female) to express the conflict. Later in therapy he has used dinosaurs, paper dolls and toy soldiers to play out the war which occurs in his home. At first in play Mark was unable to make any but the lowest sound of anger or pain. As therapy has progressed and as permission for feelings has been given, Mark has been able to express his anger loudly and even calls for help during play. Many times after his anger regarding parental conflict or separation anxiety, he will ask the therapist to assist him in reconstructing with tape anything that he has destroyed while in therapy. He is making a plea for help and has developed enough trust in the therapist to ask for help. His trust can be seen in other ways; he used to walk slowly to therapy but presently runs ahead to the therapy room. He becomes resistant when the play becomes too anxiety provoking and play disruption occurs. This has not occurred since the first few sessions. Mark's drawings are very elaborate and colorful. At first he would not draw in therapy but only in the classroom. He has begun sharing spontaneously his drawings of monsters in therapy which, also, indicates that a therapeutic alliance has been established. His themes in his drawings are of monsters attacking and killing Dr. Bob (his father's name) and attacking other unnamed people in a house. A super hero saves the other people with his

powerful hands. The therapist has not had to use probing questions to obtain the stories of the pictures but Mark has begun sharing the stories only after he felt ready. Mark attempts to build houses with lincoln logs or 5 X 7 cards. He becomes frustrated when the house will not withstand any bombardament from the outside and he fears that the people inside will all die. He expresses his need for control by use of the tape and attempts to control the dinasaurs by taping their mouths shut or by taping them to the wall.

SUMMARY OF THE FAMILY

The Riley family is composed of two natural parents and three siblings. The older sibling, John, age twelve and the younger sibling is Donna, age four. Mark is the middle child. The major problems in the family have been marital issues revolving around money and power. Mark is the barometer of the family problems and his behavior in therapy have been a microcosm of his family life. The family treatment is therefore equally as important as the child's.

Ms. Riley's own family background is one in which she experienced emotional and physical abuse. She described her parents as having an unhappy marriage. Mr. Riley's family background was one where his father was very distant from the family and physically abusive to him when he was present in the family. Both describe their own marriage as unhappy and Mr. Riley is employed in two jobs which takes him away from the home. Even though there appears to be adequate income, the parents fight over how the money is to be spent. Ms. Riley complains that her husband does not allow any money to be spent on extras except for himself. Although Ms. Riley works, her job stability is poor. Both parents are very rigid regarding their parenting role. Although Ms. Riley does not physically discipline the children, she encourages Mr. Riley to do so and the discipline then becomes too harsh leaving bruises on the two boys. Ms. Riley has no friends outside her immediate relatives and describes herself as lonely and depressed.

THERAPEUTIC PROCESS:

Since this family exhibits all the patterns of behavior found in families which are physically abusive, a treatment model which deals with these specific area was used. This was combined with the family therapy models which use strategic, paradoxical and family of origin techniques.

Engaging the Riley family in treatment has been a slow process. One which had to be done carefully to avoid their premature flight from the program. The family has focused all of their problems onto Mark and he has become the identified patient in the family. This focus in therapy was changed in order to include the other children into the family process and to remove Mark from the scapegoat position. Communication and parenting skills have been taught to the family as a group. The marital conflict and the problems concerning both of their employment have been, also, dealt with in the family sessions to allow the parents to realize how these problems affect the children's behavior. These problems have, also, been addressed in sessions with only the marital pair. Although neither parent was willing to explore the similar parenting patterns found in their families of origin, after the use of paradoxical techniques they began exploring their own backgrounds spontaneously in each session.

Both parents complained that their needs within the marriage were not being met. The mother has turned to her oldest son to have these needs met. For example, he goes with her to movies or out to dinner. Ms. Riley has been encouraged to break her isolation and has begun forming friendships which allows her to have some of her needs met outside her marriage. As a marital pair the Rileys have been taught methods of asking for their needs and either how to meet these needs or how to contract to negotiate their needs. This relationship has slowly begun to change and it is this relationship that is seen as crucial to any major change in the children.

The changes in this family are already apparent. Mark is less withdrawn and has begun to form friendships with his classmates. His anger is becoming more specifically directed toward a parental figure. Ms. Riley is becoming more autonomous and feels more capable of handling her own discipline of the children. Mr. Riley has been relieved of the burden of having to be the disciplinarian in the family. Ms. Riley's employment has stabilized and Mr. Riley has shortened his work day. The issue of money is in the stage of negotiating and the power struggle in this area has lessened. The power struggle between Mark and his mother has lessened and her relationship with her oldest son has normalized.

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Overall View and Future Plans for

The Ima Hogg Therapeutic School of

Children's Mental Health Services of Houston

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IMA HOGG THERAPEUTIC SCHOOL

CHILDREN'S MENTAL HEALTH SERVICES

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There are emotionally disturbed children in public school whose negative behaviors cause disruption of their own educational program and that of their peers, as well as negatively affecting the general school environment. The structure of a public school is such that the staff assigned to that campus is unable to maintain, educate, and implement the positive school experiences of an emotionally disturbed student. There are also disturbed children whose withdrawn behavior is so intense that they are unable to be reached through the techniques available on a regular school campus. The disturbed student, his teachers, other students and the student's family are affected directly or indirectly, so that what appears to be "the student's problem" is really a serious problem for the referring school, warranting the child's placement in a facility that serves his special needs.

The Ima Hogg Therapeutic School (IHTS) is one of six divisions of Children's Mental Health Services (CMHS). It is funded by the interrelationship of three sources - the Houston Independent School District (HISD), the United Fund, the Mental Health Mental Retardation Authority (MHMRA). The school is a psychotherapeutic-educational program designed to meet the needs of children with emotional or behavioral problems, who by mutual agreement of HISD and CMHS cannot be served by any of the HISD special education programs. The students range in age from six to twelve years.

The unique aspect of the IHTS program is the identification and treatment of the problems of the child and his family, rather than of the child alone. The approach to the treatment plan is eclectic, incorporating the most workable ideas and resulting in a highly individualized program -- both therapeutic and educational -- for each child and his family. Although school is based on a behavioral model, each child is involved in traditional psychotherapy as well. Educational plans are a mixture of everything from very traditional approaches to "anything that works" for a specific child.

Criteria for Admission to the Ima Hogg Therapeutic School of Children's Mental Health Services:

1) Elementary-School Aged 6-12 (younger preferred).
2) Primary Problem Emotional Disturbance not Learning Disability (LD) or Mental Retardation (MR).
3) Normal IQ (high functional retardation if it appears related to emotional problems).
4) Parental Involvement in dynamically-oriented psychotherapy at least once a week individually (both parents together or one parent alone if the other parent is not available)
5) Behavioral Management Problems - Child can't be managed in public school, but is not in need of the total milieu of residential treatment.
6) Children who will be able to work within an Individual Educational Plan (IEP) executed in a classroom setting of 7 children.
7) Children who will be able to work within a rigorous, comprehensive behavioral management system in the classroom.
8) Children who will be able to work within an intensive, dynamically-oriented psychotherapy program.

There is an intake procedure for each case which allows the staff to develop goals and specific plans prior to the child's admission to the program. The educational program for each child is prescriptive and highly individualized, and the goal for all of the students is to create the opportunity for success in school.

The Educational Therapists (ET's) are responsible for designing and implementing the IEP (Individual Education Program) for each child in their group. The ET's evaluate both educational and behavioral progress of the children. They provide written reports of the evaluations that are shared at staff meetings and parent conferences. ET's train new ET's and aides in the special educational, behavioral management and therapeutic methods of teaching at the IHTS.

The primary responsibilities of the ET's are the day to day operation of the IHTS. They create a classroom environment that elicits optimum learning for the children. They schedule the school day, teach academics and design activities to enhance the teaching of academics for the children. ET's implement and revise the behavior modification system, handle crisis situations in a therapeutic manner, and interpret the child's maladaptive behavior, enabling him to become better-socialized and better-adjusted personally and emotionally.

An Educational Therapist Aide (ETA) assists in the instruction and management of the children on the IHTS campus. This involves being with the children from 9:15 - 1:15 daily. Tasks with the three classes vary, according to the age and behavior-related needs of the children.

At the present, the ETA's share responsibilities for preparing snacks (breakfast, afternoon and bus); readying behavioral management tallies for each

child; and meeting the buses in the morning.

During recreation time (after lunch, 12:30 - 12:55) the ETA's have responsibility for three areas: gym, playground and indoors.

The ETA's share with the rest of the IH staff the task of recording recommendations from the Treatment Plan Reviews.

Input from the ETA's is encouraged during staffings and general discussion of the students and the educational program. Attendance at Staff Case Reviews and Treatment Plan Reviews is encouraged, especially if it involves a child with whom the ETA works closely.

In order to educate emotionally disturbed children in the least restrictive environment, a carefully designed management system has been developed. This system provides a structure for sensitive and careful monitoring of the children's behavior, as well as supplying continuous feedback to the children. The utilization of the IHTS behavior modification system facilitates acceptable behavior in the child who is in need of external controls; and allows learning to take place so that the controls can eventually become internalized.

The Behavioral Management system follows the child from the time he gets on the school bus in the morning through the school day until he gets off the bus and returns home at the end of the day. Target behaviors are set up for each child and his behavior, whether disruptive or non-disruptive, on-task or off-task, is monitored on an ongoing basis. He carries a tally around with him during the school day and his behavioral goals are assessed at specified time intervals during the day and his tally marked. The child progresses through 4 phases with the ultimate goal that his behavior become so well-managed that he is able to return to the public school campus to a less restrictive environment. Rewards of the behavioral

management system are monetary, food reinforcements, special privileges, recreational time, shopping trips with money earned and field trips. The emphasis is on positive reinforcement to encourage the child to exhibit socially and personally useful behavior.

Psychotherapy is a required component for both child and parent(s) at the Ima Hogg Therapeutic School. The children's therapy time is scheduled during the school day. However, during holidays and in-service days, when school and bus services are closed, it is the parents' responsibility to provide transportation for the child to the child's therapy session. Fees for therapy are on a sliding scale basis, according to income, arranged between the family and the coordinator of psychotherapy.

The children are seen twice weekly in individual psychotherapy. The specific treatment plan for each child is determined by an initial diagnostic evaluation and exploration of that child's symptomology, developmental history, and environmental situation. The treatment plan for each child is reviewed twice each year in a formal treatment plan review and is discussed informally on an ongoing basis in periodic staff case reviews.

When children experience emotional disturbances that result in conduct and behavioral problems at school, the parents of these children usually have difficulty with them at home. Therefore, an important part of the therapeutic design of the IHTS is the involvement of parents in treatment. There is an exploration of total family functioning in conjuntion with the initial evaluation of the child. The level of psychotherapeutic intervention with the family is determined on the basis of this exploration.

The IHTS provides a clinical setting for the training of graduate students from the disciplines of psychiatry, psychology, and social work. Students are trained in psychotherapy with individual children and groups. Each trainee is closely supervised by a qualified staff member from the student's discipline.

Because there are many staff members involved in each case, communication and coordination among team members is of utmost importance. To meet this need for clarification of information, there is a framework of meetings designed to enhance planning and implementation of each child's program.

The educational and psychotherapeutic staffs review in an ongoing fashion each child's educational and treatment program at least once a month. The total team, psychotherapeutic and educational, meet at the staff review to share information, assess and evaluate activities, and to make short-term recommendations.

Twice a year there is a total treatment plan review of each student's case. A child psychiatrist or psychologist consults on the case, where educational, family and treatment recommendations are discussed and made.

A meeting is held once a week as a forum for the educational staff to discuss and alter, if necessary, the target behaviors of the children. It is also a time to study the effectiveness of the behavioral modification program and to implement any appropriate changes.

In order to reevaluate the total program, the educational staff meets weekly to make general program plans. The group gathers every afternoon to review the day.

In addition to meetings, which have as their main task planning for specific students, the staff is involved in meetings designed to develop their skills in working with and understanding the special emotional/behavioral problems of students at IHTS.

1) Educational Staff Meetings (once weekly). Curriculum, schedule, and educational issues are discussed.

2) Consultation (Once weekly). The psychiatric or psychological consultant observes the children the last half hour of the school day and gives the educational staff feedback on his/her observations. The behaviors of the children are explored and methods of intervention suggested to improve the socialization capacities of the children.

3) Educational Staff with the Director (once weekly). The staff and the Director do planning relevant to enhancing the educational program.

4) Psychotherapeutic Staff with the Director (once weekly). The staff and the Director do planning relevant to enhancing the psychotherapeutic program.

5) Total Staff with Director (once weekly). The total staff discusses educational and treatment issues. Agenda items are brought in by any member of the IHTS staff or by the Director.

6) Group Process (once weekly for one hour). The total IHTS staff deals with interpersonal work adjustments in Tavistock Model fashion in relation to better functioning of the IHTS organizational structure.

After the children leave school, the educational staff gets together and informally discusses the events and critical interactions of the day in a faculty "wrap-up" session. The remaining time is spent in conferences, educational planning and staff development. The educational staff's day ends at 3:30.

The Ima Hogg Therapeutic School feels a responsibility for expanding its facilities in order to handle as many emotionally disturbed children as possible, particularly as a result of PL94-142, the law mandating that the public schools educate emotionally disturbed children. The IHTS also feels a responsibility to assist in any of several ways to extend the expertise of educating, managing, and treating emotionally disturbed children that it has developed, to other school districts desiring the skills, techniques and know-how of handling emotionally disturbed children.

The Ima Hogg Therapeutic School has extended program offerings to other school districts of:

1) Appraisal Services for the emotionally disturbed child.

2) Teacher training, either at the Ima Hogg Therapeutic School or on premises of the public school district, in ways of handling the mildly and severely emotionally disturbed child.

3) Consultation and conferencing services on the premises of the public school district for staffing and handling the emotionally disturbed child, along the lines of the treatment plan reviews and staff conferences held at the Ima Hogg Therapeutic School.

4) After-School Program at the Ima Hogg Therapeutic School has been piloted for educational remediation and psychotherapy for the emotionally disturbed child who can still remain at the Independent School District during the school day.

The purpose of the After-School Program is to explore and develop techniques for the diagnosis and treatment of learning-disabled children. This process is implemented in a two-phase program:

Phase I consists of psychoeducational assessment and comprehensive family evaluation. During this period, both parent and child receive a personal-social evaluation completed by a psychologist or social worker. In addition, the child receives a psychoeducational assessment. Upon completion of the evaluations, the results are presented to the family, along with educational and treatment recommendations.

The results of Phase I are applied in Phase II which consists of: (1) continued psychoeducational planning for the family. During this period the child is seen in a diagnostic classroom setting which examines modality

strengths, atypical learning styles, varied curriculum approaches, and social skills. Along with this (2) both parent and child are seen in psychotherapy, stressing a holistic approach to dealing with the learning problem within the family.

At the conclusion of Phase II a (3) comprehensive psychoeducational plan is compiled by the entire staff. The educational plan is presented to the child's regular school teacher by the psychologist. When appropriate, continued psychotherapeutic treatment recommendations and referrals to other facilities are made. The concept of ongoing psychotherapy for the family along with psychotherapy for the child, coupled with educational planning for the child, are the special features of this program. Further treatment referrals beyond the program are handled with CMHS. There are also continued, ongoing contacts with the child's regular school placement as an extension of the After-School Program.

The population of the After-School Program consists of children ranging in age from 7 to 13 years of age who are:

(a) not more than two standard deviations below the norm intellectually (i.e., normal to dull-normal intelligence);

(b) show evidence of a deficit or deficits in one or more basic psychological learning processes;

(c) show discrepancy between age level expectancy and performance;

(d) possess a deviant learning style;

(e) manifest emotional problems in school and/or home related to learning.

The After-School Program consists of intensive academic assessment of the child, remediation of the child's educational problems, psychotherapy for the child and his family.

5) Facilities are available for extending the model at the Ima Hogg Therapeutic School by setting up an IHTS-type model psychotherapeutic-behavioral-educational classroom on the campus of the Independent School District.

A model classroom could be set up on a selected public school campus. The participants would be transported from their home schools to the model classroom. The teacher and aide would work with the children in one self-contained classroom four days each week. On the fifth day, the children would be mainstreamed back to their home schools.

The teacher and aide would receive intensive in-service at the Ima Hogg Therapeutic School by the school's staff. Model classroom project personnel and the Area Admissions, Review and Dismissal (ARD) Committee members would select a minimum of seven children from the target population for participation in the program.

The thrust of the program would be three dimensional:

The first aspect would be intervention with the children, providing them with a therapeutic milieu in a special classroom with an academic curriculum designed to meet the individual academic needs of each child. The child would be exposed to a socialization program that would modify his behavior to make him more amenable to the learning process, and would guide his behavior in ways that are more socially appropriate outside the classroom. Each child would receive individual psychotherapeutic treatment twice a week, and be exposed to a group psychotherapeutic experience once a week.

The second aspect would be intervention with the teachers, training them in the behavior management system utilized by IHTS, providing consultation with the staff in ways of handling seriously emotionally disturbed children in the classroom, and conducting interdisciplinary case reviews and treatment plan reviews with the staffs of HISD and IHTS. Seminars on handling

seriously emotionally disturbed children in the classroom would be held for the regular classroom teachers who referred the children. These teachers would also participate in in-service courses on psychological principles and management of seriously emotionally disturbed children.

The third aspect would be intervention with the families of the seriously emotionally disturbed children in the model classroom. This would include parent education in ways of handling these children and psychotherapeutic intervention with the parents in relation to their feelings and conflicts about having an emotionally disturbed child.

The Model Program for the Education of the Emotionally Handicapped is designed to broaden the on-campus educational services provided by the public school utilizing the CMHS system for socializing emotionally disturbed children and making them more amenable to the learning process.

The Model Program for mainstreaming seriously emotionally disturbed children would consist of teacher in-service training, intensive psychotherapy with each child, psychotherapy with the parents and parent education in ways of handling their emotionally disturbed child. This Model Program for the Education of the Handicapped would assist in meeting the requirements of the mandate as set forth in Public Law 94-142 to provide all children with an appropriate education in the least restrictive environment. The Model Program provides for: the development and implementation of an individual educational plan for each child; behavioral management of the child; psychotherapeutic intervention for the child and his parents; and parent education in ways of handling the problems presented by the emotionally disturbed child.

The Ima Hogg Therapeutic School is a special place for children to grow physically, academically, and emotionally in an atmosphere charged with a commitment for success. The emphasis is on the positive -- positive gains, positive reinforcement, positive attitudes. The bonus for the staff is the sincere belief that we have a program well worth sharing.